

PRIVACY PRACTICES OF THE GROUP HEALTH PLANS OF IDAHO NATIONAL ENGINEERING AND ENVIRONMENTAL LABORATORY

This Notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) established requirements for employer health plans that govern the use and disclosure of individual health information. This information, known as protected health information, includes virtually all individually identifiable health information held by the group health plans sponsored by Idaho National Engineering and Environmental Laboratory. Protected health information may include your name, address, phone number, birth date, social security number, employment information, and medical and health claims information as well as other data.

This Notice describes the privacy practices of *Benefits by Design* Medical Plans A, B and C as administered by: Aetna (general medical services) and the health care flexible spending account); CIGNA Behavioral Health (mental health services); VSP MedVision (medical vision services); and Eckerd Health Services (prescription drugs). This Notice also describes the privacy practices of the Medical Flexible Spending Account Plan administered by Aetna. The plans covered by this Notice may share health information with each other to carry out treatment, payment or health care operations. These plans are collectively referred to as “the Plan” in this Notice unless specified otherwise.

The Plan’s Obligations with Respect to Your Health Information

The Plan is required by law to maintain the privacy of your health information and to provide you with this Notice of the Plan’s legal duties and privacy practices with respect to your health information as applied to the plans identified above. If you participate in an insured plan option (for example, Kaiser Permanente Mid-Atlantic HMO, Delta Dental Plan of California, Willamette Dental of Idaho, or the optional Vision Service Plan for hardware), you will receive a notice directly from the insurer that explains the insurer’s privacy practices.

The Plan’s Uses and Disclosures of Your Health Information

The Plan uses your health information to determine your eligibility for benefits, to process and pay your health benefits claims, and to administer its operations. In some cases, your health information may only be disclosed with your written authorization, while in other instances, your authorization is not required. For example, the Plan may disclose your health information, without your authorization, to insurers, third party administrators, and health care providers for treatment, payment and health care operations purposes. The Plan also may disclose your health information, without your authorization, to third parties that assist the Plan in its operations, to government and law enforcement agencies, to your family members in limited instances, and to certain other persons. The details of the Plan’s uses and disclosures of your health information are described below.

Treatment, Payment and Health Care Operations

- **For Treatment.** Treatment includes providing, coordinating, or managing health care by one or more health care providers or doctors. Treatment can also include coordination or management of care between a provider and a third party, and consultation and referrals between providers. For example, the Plan may share health information about you with physicians who are treating you.

- **For Payment.** Payment includes activities by the Plan, other plans, or providers to obtain premiums, make coverage determinations and provide reimbursement for health care. This can include eligibility determinations, reviewing services for medical necessity or appropriateness, utilization management activities, claims management, and billing. For example, the Plan may share information about your coverage or the expenses you have incurred with another health plan in order to coordinate payment of benefits.
- **For Health Care Operations.** Health care operations include activities by this Plan (and in limited circumstances other plans or providers) such as wellness and risk assessment programs, quality assessment and improvement activities, customer service, and internal grievance resolution. Health care operations also include vendor evaluations, credentialing, training, accreditation activities, underwriting, premium rating, arranging for medical review and audit activities and business planning and development. Alternatively, the Plan may use health information to conduct audits for fraud and abuse detection.

Uses and Disclosures to Business Associates

The Plan discloses your health information, without your authorization, to its business associates, which are third parties that assist the Plan in its operations, for treatment, payment and health care operations. For example, the Plan may share your health information with a business associate for the purpose of handling enrollment and disenrollment, managing the mental health component of the Plan, or administering vision benefits. The Plan enters into agreements with its business associates to ensure that the privacy of your health information is protected from unauthorized disclosure.

Uses and Disclosures to the Plan Sponsor

The Plan may disclose health and eligibility information and “summary health information” without your authorization to the Plan Sponsor, which is Idaho National Engineering and Environmental Laboratory. Summary health information is information that summarizes participants’ claims information with the names and other identifying information removed.

Other Uses and Disclosures That May Be Made Without Your Authorization

The federal health privacy law provides for specific uses or disclosures of your health information that the Plan may make without your authorization, which are described below.

Required by Law. The Plan may use and disclose health information about you as required by federal, state or local law. For example, the Plan may disclose your health information for the following purposes:

- For judicial and administrative proceedings pursuant to court or administrative order, legal process and authority.
- To report information related to victims of abuse, neglect, or domestic violence.
- To assist law enforcement officials in their law enforcement duties.

Health and Safety. Your health information may be disclosed to avert a threat to the health or safety of you, any other person, or the public, pursuant to applicable law. Your health information also may be disclosed for public health activities, such as preventing or controlling disease or disability, and meeting the reporting and tracking requirements of governmental agencies such as the Food and Drug Administration.

Government Functions. Your health information may be disclosed to the government for specialized government functions, such as intelligence, national security activities, and protection of public officials. Your health information also may be disclosed to health oversight agencies that monitor the health care system for audits, investigation, licensure, and other oversight activities.

Active Members of the Military and Veterans. Your health information may be used or disclosed to comply with laws related to military service or veterans' affairs.

Workers Compensation. Your health information may be used or disclosed in order to comply with laws related to Workers' Compensation.

Emergency Situations. Your health information may be used or disclosed to a family member or close personal friend involved in your care in the event of an emergency, or to a disaster relief entity in the event of a disaster.

Others Involved In Your Care. In limited instances, your health information may be used or disclosed to a family member, close personal friend, or others who the Plan has verified are involved in your care or payment for your care. For example, if you are seriously injured and unable to discuss your case with the Plan, the Plan may so disclose your health information. Also, upon request, the Plan may advise a family member or close personal friend about your general condition, location (such as in the hospital) or death. If you do not want this information to be shared, you may request that these disclosures be restricted as outlined later in this Notice.

Personal Representatives. Your health information may be disclosed to people you have authorized to receive such information or people who have the right to act on your behalf. Examples of personal representatives are parents for minors, and those who have power of attorney for adults.

Treatment and Health-Related Benefits Information. The Plan and its business associates may contact you to provide information about treatment alternatives or other health-related benefits and services that may interest you, including, for example, alternative treatment, services or medication.

Research. Under certain circumstances, the Plan may use or disclose your health information for research purposes, as long as the procedures required by law to protect the privacy of the research data are followed.

Organ and Tissue Donation. If you are an organ donor, your health information may be used or disclosed to an organ donor, eye, or procurement organization to facilitate an organ or tissue donation or transplantation.

Deceased Individuals. The health information of a deceased individual may be disclosed to coroners, medical examiners, and funeral directors so that those professionals can perform their duties.

The Plan does not use your health information for fundraising or marketing purposes.

Any Other Uses and Disclosures Require Your Express Authorization

Uses and disclosures of your health information other than those described above will be made only with your express written authorization. You may revoke your authorization in writing. If you do so, the Plan will not use or disclose your health information authorized by the revoked authorization, except to the extent that the Plan already has relied on your authorization.

Once your health information has been disclosed pursuant to your authorization, the federal privacy protections may no longer apply to the disclosed health information, and that information may be re-disclosed by the recipient without your or the Plan's knowledge or authorization.

YOUR HEALTH INFORMATION RIGHTS

You have the following rights regarding your health information that the Plan collects and maintains. Contact information is provided below.

Right to Inspect and Copy Health Information

You have the right to inspect and obtain a copy of your health information. This includes, among other things, health information about your plan eligibility, plan coverages, claim records, and billing records.

To inspect and copy your health record maintained by the Plan, submit your request in writing to the appropriate contact person listed below. The Plan may charge a fee to cover the cost of copying your health record and mailing your health record to you. In certain limited circumstances, the Plan may deny your request to inspect and copy your health record. If the Plan does so, it will inform you in writing. In certain instances, if you are denied access to your health record, you may request a review of the denial.

Right to Request Confidential Communications, or Communications by Alternative Means or at an Alternative Location

You have the right to request that the Plan communicate your health information to you in confidence by alternative means or in an alternative location. For example, you can ask that the Plan only contact you at work or by mail, or that the Plan provide you with access to your health information at a specific location.

To request confidential communications by alternative means or at an alternative location, submit your request in writing to the appropriate contact person listed below. Your written request should state the reason(s) for your request and the alternative means by or location at which you would like to receive your health information. If appropriate, your request should state that the disclosure of all or part of your health information by non-confidential communications could endanger you. The Plan will accommodate reasonable requests and will notify you appropriately.

Right to Request That Your Health Information Be Amended

You have the right to request that the Plan amend your health information if you believe the information is incorrect or incomplete.

To request an amendment, submit a detailed request in writing that provides the reason(s) that support your request to the appropriate contact person listed below. The Plan may deny your request if it is not in writing, you do not provide a reason to support the request, or you ask to amend information that:

- Was not created by the Plan, unless you provide the Plan with information that the person or entity that created the information is no longer available to make the amendment;
- Is not part of the health information maintained by or for the Plan;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

The Plan will notify you in writing as to whether it accepts or denies your request for an amendment to your health information. If the Plan denies your request, it will explain the reason(s) for the denial, and describe how you can continue to pursue the denied amendment.

Right to an Accounting of Disclosures

You have the right to receive a written accounting of disclosures. The accounting is a list of disclosures of your health information by the Plan to others, except that disclosures for treatment, payment or health care operations, disclosures made to or authorized by you, and certain other disclosures are not part of the accounting. The accounting covers up to six years prior to the date

of your request, except that the accounting will not include disclosures the Plan made before April 14, 2003. If you want an accounting that covers a time period of less than six years, please state that in your written request for an accounting.

To request an accounting of disclosures, submit your request in writing to the appropriate contact person listed below. The first accounting that you request within a twelve month period will be free. For additional accountings within a twelve month period, the Plan may charge you for the cost of providing the accounting. The Plan will notify you of the cost involved before processing the accounting so that you can decide whether to withdraw your request before any costs are incurred.

Right to Request Restrictions

You have the right to request restrictions on your health care information that the Plan uses or discloses about you to carry out treatment, payment or health care operations. Also, you have the right to request restrictions on your health information that the Plan discloses to someone who is involved in your care or the payment for your care, such as a family member or friend. The Plan is not required to agree to your request for such restrictions, and the Plan may terminate its agreement to the restrictions you requested.

To request restrictions, submit your request in writing to the appropriate contact person listed below, and advise the Plan as to what information you seek to limit, and how and/or to whom you would like the limit(s) to apply. The Plan will notify you in writing as to whether it agrees to your request for restrictions. The Plan will also notify you in writing if it terminates an agreement to the restrictions that you requested.

How to Make a Request

You should forward such requests to the administrator of the plan that maintains the applicable health information on you as follows:

Medical Plans A, B, C (self-insured)	
General Medical Services	Aetna, 1-877-801-0825
Mental Health Services	Cigna Behavioral Health, 1-800-455-8187
VSP MedVision Services	VSP, Customer Service, 1-800-877-7195
Prescription Drugs	Eckerd, 1-888-562-3784
Medical Flexible Spending Account	Aetna, 1-888-238-6226
Kaiser Permanente Mid-Atlantic HMO	Kaiser Permanente Mid-Atlantic HMO Attention: Membership Services 2101 E. Jefferson Street Rockville, MD 20852 1-800-777-7902
Delta Dental of California	Delta Dental of California Attention: Barry Licht 100 1 st Street, 14 th Floor San Francisco, CA 94105 415-972-8453
Willamette Dental of Idaho	Willamette Dental Member Relations 14025 SW Farmington Road Beaverton, OR 97005 503-644-6444
VSP Routine Vision Services (hardware)	VSP Customer Services, 1-800-877-7195

Right to Complain

You have the right to complain to the Plan and/or to the Department of Health and Human Services if you believe your privacy rights have been violated. To file a complaint with the Plan, submit your complaint in writing to:

Dennis Patterson, 208-526-1477
Privacy Officer
INEEL
PO Box 1625
Idaho Falls, Idaho 83415-3589

You will not be retaliated or discriminated against and no services, payment, or privileges will be withheld from you because you file a complaint with the Plan or with the Department of Health and Human Services.

Right to a Paper Copy of This Notice

You have the right to a paper copy of this Notice. To make such a request, call Cheryl Curtis, 208/526-0452. You may also obtain a copy of this Notice at the Plan's website, webhome4/benefits/index.html

Changes in the Plan's Privacy Practices

The Plan reserves the right to change its privacy practices and make the new practices effective for all health information that it maintains, including your health information that it created or received prior to the effective date of the change and your health information it may receive in the future. If the Plan materially changes any of its privacy practices, it will revise its Notice, and provide you with the revised Notice. In addition, copies of the revised Notice will be made available to you upon your written request, and any revised Notice will also be available at the Plan's website, webhome4/benefits/index.html.

Contact Information

If you have any questions or concerns about the Plan's privacy practices, or about this Notice, or you wish to obtain additional information about the Plan's privacy practices, please contact Cheryl Curtis, 208/526-0452 or Julie French, 208/526-1001.

This Notice is effective as of April 14, 2003, and will remain in effect unless and until the Plan publishes a revised Notice.